

POSITIONING EDUCATION TO STRENGTHEN AND TRANSFORM THE HEALTH SYSTEM IN KZN

COMMISSION 2
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THE SITUATION

The HEIs serve a most important purpose of ensuring a continuous supply of one of the six building blocks of the Health system , ie the workforce.

The question is: Is there a fit between their product and the DOH strategy?*

- ▣ The production of Health Care Professionals does not meet the needs of the country in terms of numbers , skills, and expected Health system outcomes*
- ▣ Curriculum content no longer relevant to the current strategy –as it remains biased to the Biomedical /curative model of care*
- ▣ Lack of optimal use of technology especially in College based programmes

Situation contd

- ▣ Lack of standardization of curriculum hampering the mobility of skills/ credits from one province to another and one programme to another .
- ▣ Content of the curriculum not being reviewed to meet the contemporary need of the Health system for professionals that are able to function within the context dictated by the current BOD in terms of eg Priority Health Programmes (PMTCT, ARVs TB etc) and other aspects of management e.g. Project management, Information management etc
- ▣ Exclusion of the Traditional Health Care System and OSS.
- ▣ Inadequate Monitoring and tracking of the product including provision of remedial support to those that have not succeeded in assessments .

Situation cntd

- ▣ Lack of Optimization of throughputs
- ▣ Unavailability of Health related subjects for high school level e.g. Introduction to Health Care systems
- ▣ Ethics & attitudes of Health Professional Graduates –knowledge practice gap.
- ▣ Inadequate number of Institutions of Learning for Health Care Professionals eg KZN vs Gauteng
- ▣ Limitations presented by Legislation /Infrastructure/Numbers.
- ▣ Single source of funding for education

Situation contd

- ❑ Lack of alignment of the Health Education System i.e. Private vs Public training of nurses/ Emergency Care Practitioners and Provinces limiting transferability of learners from one sector to the other.
- ❑ Lack of career pathing eg one needing to start afresh if needing to move from one Professional Programme to the other .
- ❑ Lack of structured training programme (minimum requirements and outcomes) for community Care givers limiting RPL
- ❑ Inadequate support for community based health care professionals i.e. lack of mentoring, as a result some professionals are not equipped with basic managerial skills, e.g. Intern promoted to position of Manager.
- ❑

Situation contd

- ▣ Lack of recognition of non-accredited courses that add value to the Health Care System.
- ▣ Poor coverage or lack of basic management courses in Health Professional Education Programmes .
- ▣ Lack of effective attraction & retention of scarce skills / HEI products

CONTEXT*



CURRICULUM
INAPPROPRIATE



SPATIAL
PATTERNS
VS NEEDS
FOR
ACCESS
TO HELPS



LOW
CUSTOMER
SATISFACTION
LEVELS



LOW
OUTPUTS
IN
NUMBERS

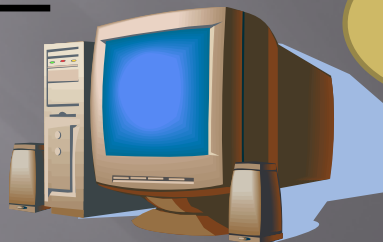


POOR
SYSTEM
OUTPUTS
/INFO
MGT

4BOD
INCLUSIVE
OF
TRAUMA



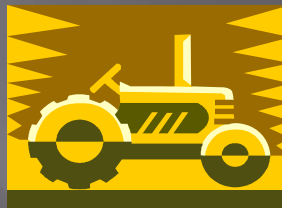
LACK
TECHNOLOGY
AND
SKILLS



SILOS
AMONG
EDUCATION
PROGRAMMES



BASIC
EDUCATION
NOT
SUPPORTIVE
OF NEEDED
CONTINUITY



POOR
ACCESS



INEQUITIES
IN BUDGET
ALLOCATION

CONCERN

The education system* (All Health Professionals) is not achieving its purpose as an external supplier of HR inputs that can be converted to the Health system outputs enshrined in the National Service Delivery Agreement's Health outcome 2 to ensure:

- ▣ Increased life expectancy
- ▣ Reduction of Maternal and infant mortality;
- ▣ Managing HIV and AIDS and TB (PMTCT, ART /NIMART, etc
- ▣ Improve the effectiveness of the Health system

What should be done? *

Recurriculation to include approaches to ensure attainment of the expected outcomes of the Health system such as:

- Improved health status through achievement of the above mentioned outputs inclusive of the MDGs
- Improved responsiveness to customer needs for the highest attainable standards of care
- Increased efficiency through adequate resourcing and compliance with Legal mandates such as the:
 - ▣ Constitution
 - ▣ National HR Planning strategy
 - ▣ Professional Training Strategy (WHO)etc
- Social and Financial risk security through policies such as the NHI, availability of adequate skills

Changes in curriculum design

Issues to consider

- ▣ The role of the Dept. in training outside the formal academic institutions e.g. Community based training.
- ▣ What teaching approaches are needed for curriculum design when it comes to the new generation of professionals.
- ▣ Pedagogic vs andragogic teaching approaches
- ▣ The curriculum at various institutions must allow accessibility and affordability.
- ▣ In line with statutory bodies and legislative frameworks.

Curriculum design

- ▣ A curriculum that will allow multiple/portable exits at all levels.
- ▣ Biased towards primary health care principles with a focus on the preventative and promotive approach.
- ▣ Relevant to the context of the community & evidence based models
- ▣ Inclusive of generic management skills .
- ▣ Comprehensive, i.e. one that encompasses all aspects of the health care needed by individuals.
- ▣ Flexible to allow academic movement from Generalist to Specialization.

Curriculum design

- ▣ Core subjects of the curriculum must be responsive to cultural values, ethics, legal prescripts and mandates eg the Constitution, the Health Act, etc
- ▣ Must allow multi-disciplinary synergies.
- ▣ Customer/ client/patient oriented, i.e. sense of duty & responsibility.
- ▣ Ensure Health Practitioners who are compassionate & safe.

Curriculum design

- ▣ Promotes understanding of languages.
- ▣ Recognize all relevant stakeholders in the development of the profession.
- ▣ Meet all national and international professional standards.
- ▣ Outcome Based/ Result Oriented.
- ▣ Community based.
- ▣ Student/learner centred
- ▣ Customer/clinical oriented to ensure a reasonable balance between theory & practical training.

Curriculum design

- ▣ Must empower professionals with multiple skills eg rural health so that they can be versatile in different settings service,
- ▣ Allow contact and distance learning.
- ▣ Allow for alignment with international systems and be customized to align with the Provincial or National context.
- ▣ The design process must include the learners and other stakeholders for ownership
- ▣ Must incorporate ICT
- ▣ Must instill the spirit of patriotism and commitment to service (the “Thuma mina” spirit)

Characteristics of the new generation of learners.

Strengths

- ▣ Knowledgeable
- ▣ well-informed
- ▣ Experimental
- ▣ Technologically advanced
- ▣ Aware of their rights
- ▣ Assertive
- ▣ Ready to learn
- ▣ Communicators
- ▣ Strong sense of community
- ▣ Risk takers

Characteristics of the new generation of learners.

Limitations

- ▣ Lazy
- ▣ Rebellious
- ▣ Don't listen
- ▣ Poor in spelling
- ▣ Impatient
- ▣ Under-estimated
- ▣ No respect for culture
- ▣ Lack empathy
- ▣ Materialistic
- ▣ Irresponsible

Innovative teaching/ learning Methodology /Techniques

- ▣ Emphasis on clinical part of training.
- ▣ Problem based methodologies.
- ▣ Career pathing focused methods.
- ▣ Case studies, assignments, research, simulation, observation, household visits within the OSS context.
- ▣ Appropriate assessment & evaluation methods.
- ▣ Electronic e.g. e-learning, tele-tuition.
- ▣ Mentoring & Coaching.
- ▣ Continuous professional development & education.

Innovative teaching/ learning Methodology /Techniques

- ▣ Liaison with Field Professionals to keep track of / remain abreast with contemporary trends in the health system.
- ▣ Encompass a multi-disciplinary approach to teaching, e.g. traditional medicine, religious/ spiritual approaches, etc.
- ▣ Allow innovative, critical & self-directed learning.
- ▣ Allow for reflective learning. Allow for observation, demonstration and simulation.
- ▣ Monitoring, review & evaluation of the effectiveness of the education system i.e. keep track of HEIs.
- ▣ Encouragement & support for both theoretical and clinical research.

Innovative teaching/ learning Methodology /Techniques

- ▣ Inculcate a culture of accountability
- ▣ Involve learners in the governing and decision making structures.
- ▣ Religious education to build on the moral fibre of learners

Innovative teaching/ learning Methodology /Techniques

- ▣ Inculcate the spirit of patriotism and the culture to serve.*
- ▣ Development of life/self-help skills e.g. drivers license
- ▣ Creation of new learning sites for accreditation e.g. taxi ranks, taverns*
- ▣ Adherence to the Public Service code of conduct*
- ▣ Flexibility with the dress code*

Developmental needs of the Country in relation to global economic changes

- ▣ Creation of funded posts to accommodate /employ the product of the various Educational Programmes in order for them to participate in the economy of the country
- ▣ All higher Education Institutions to be encouraged to engage in research products and all research to be subsidized by the DoE so as to increase money generation
- ▣ All Higher Education including Colleges to be accredited as revenue generation institutions for sustainability. No free education
- ▣ The Public Health Sector must be allocated more budget than the Private sector since it provides universal coverage for a larger population
- ▣ The HEI teaching strategies must be in line with the DOH's HR strategic plan
- ▣ Encourage exchange programmes for learners and teaching staff at National and International levels to share best practices and gains in developing a global competitive edge
- ▣ The products of the Public HEIs must be given preferential appointment and employment by the DOH.

Recommendations for strengthening and transforming the Health Education System

- ▣ Curriculum review of all Health Programmes
- ▣ The Colleges- EMRS and Nursing must be accredited to meet the Higher Education criteria in order to enable them to produce the ECPs and all Nursing categories by 2013
- ▣ Introduction of Health Professionally related subjects for high school level e.g. Introduction to Nursing/Health
- ▣ Clear Guidelines from all the Professional Health Councils for Implementation of Recognition of Prior Learning.
- ▣ Clarity of Funding Models and subsidizing for the production of Health Professionals by the Department of Higher Education and Training and the Department of Health .
- ▣ Selection criteria to ensure access to the educational system, i.e. academic accreditation from one profession to another (needs to be standardized and clear).

Recommendations for strengthening and transforming the Health Education System

- ▣ Introduction of Mid-level worker training programmes for all Health professions Training Programmes s.
- ▣ Recognition of non-credited courses that add value to the Health Care System eg teaching of all health workers to be proficient in indigenous languages.
- ▣ Strengthening of Career pathing of cadres (community care givers) into the various health Professions.
- ▣ Strengthening technical support skills for health professionals eg medical technologist to maintain medical equipment
- ▣ Attracting & retaining HEI products
- ▣ The multidisciplinary approach to include the Traditional/ indigenous health practitioners. Need to identify what resources are available to create these synergies and therefore optimize them, i.e. biometric to indigenous health care system.*
- ▣ Re-engineering of the basic education system to be in line with the NHI and the reengineering of PHC which includes the teams required at community level*
- ▣ Expansion of the learning sites to be in line with the Principle of accessibility and affordability.*

CONCLUSION

- ▣ Implementation of changes will require acknowledgement that management of systems is a complex and adaptable process and when unintended consequences occur we need to go back and look at what is wrong with the system and not look for delinquents, because most of the time the problem lies with one or more of the six building blocks
- ▣ Implementation strategies include stakeholder analysis and stakeholder management strategies*

THANK YOU